

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 07/31/01.
 - b. The request was received on 07/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and letter requesting medical dispute resolution
 - b. HCFA-1500
 - c. TWCC-62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional information via a Fee Letter (MR 116) that was mailed to the Requestor on 08/13/02. The Requestor did not respond per 133.307 (g) (3). Therefore, the Commission could not forward any additional information to the Respondent per Rule 133.307 (g) (4). The Respondent's initial response was received on 07/26/02. The "No Response Found in Case File" sheet is reflected in Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/25/02
"On 07-31-01, (Provider) provided professional anesthesia services to claimant... for a Lumbar Epidural Steroid Injection. Our charges were filed using CPT code 00630, per TWCC Manual this code is, Anesthesia for procedures to Lumbar region; not otherwise specified....We feel that we billed according to the TWCC code as the description allows [sic]."
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/31/01.
2. Per the provider's TWCC-60, the amount billed is \$750.00; the amount paid is \$0.00; the amount in dispute is \$750.00.
3. The carrier denied the billed services with the exception code of:
 "N – NOT APPROPRIATELY DOCUMENTED REPORT SUBMITTED DOES NOT APPEAR TO SUBSTANTIATE LEVEL OF SERVICE BILLED. RECODE AND RESUBMIT FOR AUDIT. SERVICE RENDERED IS 'IV' SEDATION AND PATIENT MONITORING. SUGGEST 01999."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/31/01	00630	\$750.00	\$0.00	N	\$40.00 per unit	Rule 133.307 (g) (3) (B), (C); MFG MGR CPT descriptor	No documentation of the procedure billed for the DOS was found in the case file to support that the services were rendered as billed. Rule 133.307 (g) (3) (B) requires a copy of pertinent medical records or other documentation relevant to the fee dispute. The provider failed to submit a statement of the disputed issues per Rule 133.307 (g) (3) (C). No reimbursement is recommended.
Totals		\$750.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 6th day of January 2003

Donna M. Myers
 Medical Dispute Resolution Officer
 Medical Review Division

DMM/dmm